

# Post-Briefing FACT SHEET

Milbank Memorial Fund

## STATE LEADERSHIP NETWORK

### The Future of Public Health

June 24, 2021

#### PANELISTS:



**Nick Macchione FACHE, MS, MPH**, Director and Deputy Chief Administrative Officer, San Diego County Health and Human Services Agency



**Jewel Mullen, MD, MPH**, Associate Dean for Health Equity and Associate Professor, Department of Population Health, University of Texas Dell Medical School



**John Wiesman, DrPH, MPH**, Adjunct Assistant Professor, Department of Health Policy & Management, University of North Carolina Gillings School of Global Public Health



**Invited Moderator: Sherry Glied, BA, MA, PhD**, Dean, New York University Robert F. Wagner Graduate School of Public Service

#### What Is the Challenge?

- The COVID-19 pandemic has killed more than 600,000 Americans and infected more than 34 million people across the country.
- The chronic **lack of investment in public health** infrastructure hampered the country's ability to prepare for, track, and respond to COVID-19.
- Long-standing **health inequities** left poor, racial and ethnic minority, and marginalized populations especially vulnerable to COVID-19.

#### What Are the Opportunities?

- The pandemic has brought national attention to public health and raised awareness among policymakers and the general public about the shortcomings of our country's public health system.
- The pandemic has highlighted racial and ethnic disparities in health.
- The pandemic has underscored the need to transform public health.

#### What Could Public Health Transformation Include?

- Public health initiatives that are ongoing and not just responsive to a disaster or pandemic.

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"We have to use these dollars that are coming into the system very wisely, and use them not only to fund foundational public health services, but to transform public health." — *John Wiesman*

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- An inclusive public health workforce that is representative of the members of community.

"The local partnerships with our local cities, neighborhoods, and community groups are incredibly valuable especially during times of crisis. We saw that firsthand in our COVID-19 response where hundreds of varying types of community partnerships came together in the unified fight against COVID-19. It was a challenging time as we had to accelerate trust with the general public, which was scared and concerned for their health and grappling with conflicting information from national news." — *Nick Macchione*

- Community partnerships that can help build trust.
- Social policies that promote health.

"COVID-19 showed us that the work of public health is talking about paid sick leave, family, and looking at wage replacements...We have the opportunity to declare racism a public health crisis and really address the systemic issues that come with it." — *Jewel Mullen*

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- A health data system that includes demographic information and can be used to do predictive analyses.

"I believe we need a unique health identification number for every single person in this country that can be tied to a demographic database that has information about their race, ethnicity, their primary language spoken and written, and contact information. Every single health care provider needs that if we're going to provide good quality services." — *John Wiesman*

- A regional approach to public health that facilitates the ability of smaller public health departments to work together.
- The option to budget across government agencies.

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We have to stop budgeting simply by each agency's department and start budgeting by integrated initiative because the things we need to change are solutions that cut across systems, and budgeting processes are a barrier to that. If we're going to really address these system issues and these inequities, we've got to budget differently. Budget is policy."

— *John Wiesman*

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*This virtual MSLN briefing was a part of series of expert briefings on topics that are highly relevant to today's state policymakers.*